

FINAL STATEMENT OF REASONS (FSOR)
FOR PROPOSED CHANGES TO THE OFFICE OF STATEWIDE HEALTH
PLANNING AND DEVELOPMENT'S (OSHDP)
TITLE 22, DIVISION 7, CHAPTER 10, HEALTH FACILITY DATA

ARTICLE 8: PATIENT DATA REPORTING REQUIREMENTS

97234. Definition of Data Element for Inpatients—Principal Language Spoken.

CCR Section 97234 (a)

SPECIFIC PURPOSE OF THE CHANGE

The updates to the Principal Language Spoken (PLS) data element are a result of comments received during a previous rulemaking. OSHPD committed to including the changes in a subsequent regulatory package and is now fulfilling this obligation by adding Sign Language (SGN) to the list of languages included in the regulatory text and removing both Formosan (Amis) and Hsiang (Xiang Chinese) from the list of languages included in the regulatory text.

WHAT THE PROPOSED REGULATORY CHANGE DOES

This change adds Sign Language (SGN) and removes both Formosan (Amis) and Hsiang (Xiang Chinese) from the list of languages included in the regulatory text.

NECESSITY FOR THE CHANGE

SGN is being added to provide an option to report a PLS that is a sign language. SGN is a generic code that can be used to report the use of any sign language and will help to ensure consistency in capturing sign language data, while not being overly proscriptive as to specify the exact type of sign language. There are numerous sign languages. If the name of the specific sign language is known it may (continue to) be reported using the write-in option described in subsection (b).

Formosan and Hsiang are being deleted because hospital feedback, and subsequent research, showed that these languages are not available from interpretation services; also there were no instances of these languages being reported in the 2009 PLS data.

CCR Section 97234 (b)

No changes to this subsection.

CCR Section 97234 (c)

No changes to this subsection.

97264. Definition of Data Element for ED and AS—Disposition of Patient.

CCR Section 97264(a), (b), (c)

No changes to these subsections.

CCR Section 97264(d)

SPECIFIC PURPOSE OF THE CHANGE

OSHPD's statutory mandate is to be consistent with national standards in data collection programs where appropriate. The purpose of updating the definition of the disposition definition (d) from "Discharged/Transferred to an intermediate care facility (ICF)" to "Discharged/Transferred to a facility that provides custodial or supportive care" is to bring OSHPD regulations back into conformity with updates made to the 837 Health Care Claim (maintained by the National Uniform Billing Committee (NUBC)) that became effective November 1, 2009.

WHAT THE PROPOSED REGULATORY CHANGE DOES

The change brings OSHPD regulations back into conformity with updates made to the 837 Health Care Claim (maintained by the National Uniform Billing Committee (NUBC)) that became effective November 1, 2009.

A Usage Note in NUBC's Official UB04 Data Specifications Manual, Version 4.00, from July 2009, (on page 41 of 289) states that the updated definition still includes intermediate care facilities (ICFs) if they are designated at the state level, even though they are no longer specifically mentioned. The updated definition is also used to designate patients that are discharged/transferred to a nursing facility with neither Medicare nor Medicaid certification, and for discharges/transfers to Assisted Living Facilities.

NECESSITY FOR THE CHANGE

The proposed regulation update is made necessary by changes in the national standard for Patient Status Code, required for outpatient healthcare claims. Changes in subsection (d) bring the Definition of Data Element for ED and AS - Disposition of Patient back into conformity with the updated content of the 837 Health Care Claim effective in November 2009.

OSHPD's statutory mandate (California Health and Safety Code, Division 107, Part 5, Chapter 1, Sections 128736 (d) and 128737(d)) is to be consistent with national standards in data collection programs where appropriate. OSHPD originally chose to be consistent with the 837 Health Care Claim standard for data element definitions used in Emergency Department (ED) and Ambulatory Surgery (AS) Disposition of Patient codes and descriptions in August of 2005.

The 837 Health Care Claim is maintained by the National Uniform Billing Committee. NUBC is the federally-established Designated Standards Maintenance Organization (DSMO) charged with the responsibility of ensuring that content of the 837 Health Care Claim accurately reflects definitions that are useful to the claims/billing industry. NUBC meets several times a year to discuss changes that may be needed to the Patient Status Code that is reported to OSHPD as the Disposition of Patient data element.

As an agency that has chosen to use the 837 Health Care Claim Standard for data element definitions, OSHPD chooses to update its regulations periodically in order to remain consistent with the national standard. The updated Disposition of Patient codes and descriptions are required on electronic claims as part of national standards maintained by the NUBC. If OSHPD does not update its regulations, OSHPD forces data providers to report data using the outdated standard, or OSHPD receives data that meet the new standard but that are out of compliance with OSHPD's regulations.

CCR Section 97264(e), (f), (g), (h), (i), (j), (k), (l), (m), (n), (o), (p), (q), (r), (s), (t)

No changes to the text of these subsections.

97267. Definition of Data Element for Inpatients—Principal Language Spoken.

CCR Section 97267 (a)

SPECIFIC PURPOSE OF THE CHANGE

The updates to the Principal Language Spoken (PLS) data element are a result of comments received during a previous rulemaking. OSHPD committed to including the changes in a subsequent regulatory package and is now fulfilling this obligation by adding Sign Language (SGN) to the list of languages included in the regulatory text and removing both Formosan (Amis) and Hsiang (Xiang Chinese) from the list of languages included in the regulatory text.

WHAT THE PROPOSED REGULATORY CHANGE DOES

This change adds Sign Language (SGN) and removes both Formosan (Amis) and Hsiang (Xiang Chinese) from the list of languages included in the regulatory text.

NECESSITY FOR THE CHANGE

SGN is being added to provide an option to report a PLS that is a sign language. SGN is a generic code that can be used to report the use of any sign language and will help to ensure consistency in capturing sign language data, while not being overly proscriptive as to specify the exact type of sign language. There are numerous sign languages. If the name of the specific sign language is known it may (continue to) be reported using the write-in option described in subsection (b).

Formosan and Hsiang are being deleted because hospital feedback, and subsequent research, showed that these languages are not available from interpretation services; also there were no instances of these languages being reported in the 2009 PLS data.

CCR Section 97234 (b)

No changes to this subsection.

CCR Section 97234 (c)

No changes to this subsection.

Irene Ogbonna

From: Imelda Manalac [Imelda.Manalac@tchosp.com]
Sent: Friday, July 16, 2010 2:50 PM
To: Irene Ogbonna
Subject: IANGLAGE FOR THE COUNTRY PHILIPPINES

Kindly remove Ilocano = ILOCANO =ILO (Ilocano) . This is one of the many dialects in the Philippines and the actual language spoken is Tagalog and that is also the National Language. Please keep Tagalog for language spoken in the Philippines and that alone .

Thank You.

Response to Ilocano Comment:

Thank you for your comment.

One of OSHPD's goals is to collect data that can provide data users with detailed information about the healthcare delivered in California. The Principal Language Spoken data element is intended to capture the language that each patient would prefer to use in a healthcare setting. OSHPD data collection is designed to capture the diverse linguistic needs of the population of California. Language diversity is best captured by including as many languages and dialects as is possible.

Ilocano is recognized as a distinct linguistic entity by the International Standards Organization (ISO) which has developed the spoken language list that OSHPD refers to for most of the languages and three-letter codes (the ISO 639.2 list). Ilocano is listed as ILO and was reported as a Principal Language Spoken 184 times in 2009 data. This is far less than the 17,178 times that Tagalog was reported but since the goal is to accurately capture the full spectrum of languages that people consider to be their principal language it is important to include languages that are less commonly used. Removing Ilocano would not help patients who consider that the Ilocano dialect is the principal language that they speak.

Tagalog is the National Language of the Philippines and there is the likelihood that all of the patients who reported Ilocano as their Principal Language Spoken also speak Tagalog, but 184 patients were reported as speaking Ilocano instead. It is also possible that some speakers of Tagalog and Ilocano are multilingual and chose to report English as their PLS. Data providers are asked to report the language of the patient's choice.

Thank you for taking the time to participate in the regulatory process.

**CPEHN**

OSHPD

PATIENT DATA SECTION

California Pan-Ethnic Health Network

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August 30, 2010

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Office of Statewide Health Planning and Development

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Via Fax: (916) 327-1262 Via Email: logbonna@oshpd.ca.gov**Re: Proposed Regulations on Data Reporting Requirements**

Dear Ms. Ogbonna:

Thank you for the opportunity to comment on revised regulations related to the reporting of language data by hospitals. CPEHN organizes multicultural efforts to develop and advance public policies that promote equal treatment and universal access to care. Our mission is to improve access to health care and eliminate health disparities by advocating for public policies and sufficient resources to address the health needs of communities of color.

We are pleased that the Office of Statewide Health Planning and Development (OSHPD) has moved to address the health needs of our communities by requiring that language data be collected on California patients. We support adding sign language to the list of those reported. We believe it is appropriate to regularly update the list of language codes to reflect changes in the diversity of California. Through continual analysis of the data available it is necessary to add languages where needed to ensure provision of language services, and delete languages when there are no identified speakers of the language to streamline the process. Therefore we support adoption of this updated list.

The collection of accurate data is essential to addressing health inequities and ensuring high quality care is delivered to our communities. Data collection is not a burden to hospitals but will help them improve services while improving patient safety and outcomes.

Thank you for receiving our comments.

Sincerely,

Martin Martinez, MPP
Policy Director

Response to CPEHN Comment:

Thank you for your comment and support of OSHPD's updated Principal Language Spoken listing.

One of OSHPD's goals is to collect data that can provide data users with detailed information about the healthcare delivered in California. The Principal Language Spoken data element is intended to capture the language that each patient would prefer to use in a healthcare setting. OSHPD data collection is designed to capture the diverse linguistic needs of the population of California. Language diversity is best captured by including as many languages and dialects as is possible.

Thank you for taking the time to participate in the regulatory process.